

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-028137

FILED VS AUG 8 1960

318

Primary Registration District No.

1003

Registrar's No.

7515

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b <i>60 years</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>315 North 7th Street</i>		d. STREET ADDRESS (If outside, give location) <i>5879 Julian Avenue</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Leon Roy</i> Middle <i>Bowen</i> Last		4. DATE OF DEATH Month <i>July</i> Day <i>27</i> Year <i>1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10/9/84</i>
9. AGE (last birthday) <i>75</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Civil Engineer - Architect</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>	
11. BIRTHPLACE (City and state or country) <i>Attica Kansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Alfonzo V. Bowen</i>		13b. MOTHER'S MAIDEN NAME <i>Mertie B. Gier</i>	
14. NAME OF HUSBAND OR WIFE <i>Bessie A. Bowen</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs. Bessie A. Bowen, 5879 Julian Avenue</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>420.0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 hours</i> <i>2 yrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>10/27/48</i> to <i>2/27/60</i> and last saw him alive on <i>7-15-60</i> Death occurred at <i>3:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl D. Smith</i> (Degree or title) <i>100 No E. 4th St</i>		22c. DATE SIGNED <i>7-27-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>7/30/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
24. FUNERAL DIRECTOR <i>Shepard Funeral Home 1167 Hamilton Ave</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 28 1960</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>		27. REGISTRAR'S SIGNATURE <i>mgc</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signec

Licensed Embalmer No. 492

P. O. Address At Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.